

# The Linacre Quarterly

---

Volume 45 | Number 2

Article 25

---

May 1978

## Current Literature

Catholic Physicians' Guild

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Catholic Physicians' Guild (1978) "Current Literature," *The Linacre Quarterly*: Vol. 45: No. 2, Article 25.  
Available at: <http://epublications.marquette.edu/lnq/vol45/iss2/25>

## Current Literature

*Material appearing below is thought to be of particular interest to Linacre Quarterly readers because of its moral, religious, or philosophic content. The medical literature constitutes the primary, but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Contributions and comments from readers are invited. (E. G. Laforet, M.D., 2000 Washington St., Newton Lower Falls, MA 02162)*

Eisenberg L: The social imperatives of medical research. *Science* 198:1105-1110 16 Dec 1977.

The importance of medical research to the public good continues to be questioned in Western society, largely because the basic nature of science is not understood. Although its failures and abuses are publicized, medical research nevertheless has produced great benefit. If ill-advised bureaucratic regulations are allowed to stifle its progress, there will be risk of great loss to society. "Impeding medical research, no less than performing it, has ethical consequences."

Zachary RB: Life with spina bifida. *Brit Med J* 2:1460-1462 3 Dec 1977.

With active and compassionate management, it is possible for many patients with spina bifida to be happy and productive. It is a myth that the neonate with spina bifida will survive only if operated upon and otherwise will die spontaneously. Often those patients not selected for active surgical therapy are not given appropriate nutritional and other care; depressant drugs are used to excess. Death under these circumstances should not be considered "spontaneous." It has been said by anti-abortionists that disregard for the life of a child *in utero* would continue in the postnatal period. Although this suggestion has been challenged, its validity has been confirmed by the experience with spina bifida. "The equanimity with which the life of a 17-week gestation spina bifida infant is terminated after the finding of a high level of fetoprotein in the

amniotic fluid has, I think, spilled over to a similar disregard for the life of the child with spina bifida after birth."

Vieth FJ, Fein JM, Tendler MD, Veatch RM, Kleiman MA, Kalkines G: Brain death: I. A status report of medical and ethical considerations. *JAMA* 238:1651-1655 10 Oct 1977. Brain death: II. A status report of legal considerations. *JAMA* 238:1744-1748 17 Oct 1977.

Current criteria, both clinical and laboratory, are valid means of establishing brain death. Brain death, in turn, is considered a determinant of death in accord with modern secular philosophy and the major Western religions. The legal status of the concept of brain death, however, is not firmly established, and there is need for clarifying legislation in this area.

Agnew LRC: Humanism in medicine. *Lancet* 2:596-598 17 Sept 1977.

Modern medical education has emphasized the science of medicine to the detriment of the humanistic art of medicine. Hippocrates said "Where there is love of man, there is also love of the art." There is need to restore humanism to medicine, and some encouragement in this direction is available from the work of Dr. Cicely Saunders and Mother Teresa.

Berseth CL, Kenny JD, Durand RE, Rudolph AJ: Effect of pediatric training on neonatal ethical attitudes of residents. *Clin Research* 26:82A Jan 1978.

A survey showed that pediatric resi-

dents who had completed their training had greater reluctance to resuscitate high-risk infants than did those beginning their residency. The ethical decision-making process of pediatric residents therefore seems significantly altered by their training experience.

**Clouser KD:** Allowing or causing: another look. *Ann Int Med* 87:622-624 Nov 1977.

The distinction between "active" and "passive" euthanasia is more subtle than generally realized. Attempts to establish the distinction by determining the "cause" have been in error, since the true issue is the location of moral responsibility. The physician has a duty to save, while the layman does not. But there is a turning point at which saving becomes counterproductive, and at this juncture the physician's obligation recedes and he becomes ethically a layman.

**Goodfield J:** Humanity in science: a perspective and a plea. *Science* 198:580-585 11 Nov 1977.

"Science and society must be closer to one another. . . . But if I argue that scientists should now consider new ways of expressing this humanity in response to the new ethical imperatives in our society, I also argue that society should think of new ways both of helping them to do this and of understanding them."

**Black D:** Cui bono? *Brit Med J* 2:1109-1114 29 Oct 1977.

In the final analysis, medicine exists for the benefit of the patient. The traditional patient-doctor relationship is threatened, however, by modern sociologic and economic views. Medical sociology, for example, disputes the concept that the interests of physician and patient are harmonious if not congruent. The social model of health care emphasizes "caring" while the medical model stresses "curing"; however, given the choice, most patients opt for cure. And while economics can afford

beneficial fiscal analyses of health care, qualitative aspects require the participation of the physician.

**Curran WJ:** The freedom of medical practice, sterilization, and economic medical philosophy. *New Eng J Med* 298:32-33 5 Jan 1978.

A physician was sued for requiring Medicaid and charity patients to agree to sterilization following the delivery of the third child, with the option of seeking another physician. A jury found him guilty of violating the plaintiff's civil rights, but the verdict was dismissed on appeal, which found that an independent, fee-for-service physician could establish his own terms for rendering medical services and that there was no legal basis to prevent him from following his own "personal economic philosophy."

**Jellinek M, Parmelee D:** Is there a role for medical ethics in postgraduate psychiatry courses? *Am J Psychiat* 134:1438-1439 Dec 1977.

A survey of participants in a postgraduate course in psychiatry strongly suggested that ethical issues be included in such courses. Among such topics are confidentiality, informed consent, and the patient contract.

**Card WI, Mooney GH:** What is the monetary value of a human life? *Brit Med J* 2:1627-1629 24-31 Dec 1977.

Since financial resources for health care are limited, appropriate allocation of resources requires a decision theory model. This demands a monetary valuation of human life. Such valuation may be made on the basis of the individual's productive capacity, the implied values of the governmental health agency, or on the individual's personal values. However determined, the valuation of human life should be made more rational and explicit. This is not inhumane and may result in an increase in the quantity and quality of health care.

**Declaration of Hawaii:** declaration adopted unanimously by the General Assembly of the World Psychiatric Association at the Sixth World Congress of Psychiatry, 1977. *Brit Med J* 2:1204-1205 5 Nov 1977.

Although ethics has always been an integral part of the healing art, in the modern world technologic advances, societal changes, and other factors have emphasized the need for high ethical standards on the part of psychiatrists. These ethical standards are not only those required of all members of society and of the medical profession, but also those that are peculiar to the practice of psychiatry. While general ethical principles are essential, specific and codified guidelines are also needed. The General Assembly of the World Psychiatric Association has therefore promulgated such a declaration. It includes discussion of confidentiality, autonomy of patients, informed consent, compulsory treat-

ment, politicization of psychiatry, and psychiatric research.

**Philip J, Bang J, Madsen M:** Should the indications for prenatal chromosome analysis be changed; *Brit Med J* 2:1117-1119 29 Oct 1977.

On the basis of chromosome analysis in 1086 amniocenteses, the incidence of abnormalities was virtually the same among low-risk as among high-risk fetuses. This raises several questions:

1. Is it justified to screen *all* pregnancies — since many of the detected abnormalities will not be severe?
2. Is it justified *not* to screen all pregnancies — since amniocentesis is relatively safe and there is a 1% risk of chromosomal abnormalities in low-risk fetuses?
3. Is abortion justified for fetuses with chromosome abnormalities that do not produce severe defects?